

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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1. Full name of committee (as on Statement of Organization)	COMMITMEE INFOR	MATION		
2. Acronym or abbreviated name, if any 4. Mailing address (address where all campaign finance correspondence is received) 1.2.0.E. MA:\(\text{\$\text{\$NA:N}}\) 5. City, state, ZiP code \(\text{\$\text{\$\text{\$V\$}}\$ (a) = \text{\$\text{\$\text{\$NA:N}}\$}\) 6. Party affiliation (if applicable) \(\text{\$\text{\$\text{\$\text{\$\text{\$V\$}}}\$ (include any nickname)}\) 7. Full name of candidate (include any nickname) \(\$\text{\$\text	1.1 da harre or contribute (do or) customers or a garage	C	EERK, HAMILTON COUNTY CO	URTS
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	19. Debts OWED BY the committee (use Schedule D)		4	

CERTIFICATION
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.
Signature on File
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails of file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor
IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	2	of_	10	

(street, number, city, state, ZIP code)	ON THE RESERVE OF THE PROPERTY	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Contributions: Direct In-Kind (describe)	· · · · · · · · · · · · · · · · · · ·		
	-			
	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (if required)				
<u>.</u>	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (if required)				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of	10	

2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify) Contributions: Direct In-Kind (describe)		
2.	☐ Interest ☐ Loan ☐ Misc (specify) Contributions:		
*		- 1	
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)		
	Contributions: Direct In-Kind (describe)		
	Other Receipts: Interest Loan Misc (specify)	+	
1	Contributions: Direct In-Kind (describe)		
'.	Other Receipts: Interest □Loan Misc (specify)		
	Contributions: Direct In-Kind (describe)		
	Other Receipts:		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	. 4	of	10	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1.	-	Contributions: Direct In-Kind (describe)			
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
3.	x	Contributions: Direct In-Kind (describe)			
	•	Other Receipts: Interest □ Loan Misc (specify)			
		Contributions: Direct In-Kind (describe)			1 10
	4	Other Receipts: Interest Loan Misc (specify)			
	ž.	Contributions:			
		Other Receipts:			
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	(Enter total on ITEM 15a of the Sum	mary Sheet)			



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

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INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

(Enter total on ITEM 15a of the Summary Sheet)

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Page	5	of _	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIV
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
5. ',	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INIX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts:			
2	:	Contributions: Direct In-Kind (describe)			
		Other Receipts:			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts:			
4.		Contributions:			
	Ÿ	Other Receipts:			
i.	9	Contributions: Direct In-Kind (describe)			
		Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
Code A Tudianapulis Star News	News paper	Direct In-Kind Payment of Debt Returned Contribution Other	30600	Here is the factor of	6-10-0
Indianapolis Star News	N/A	Purpose: Admitising	306-	306,50	0-70-20
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other			
		Purpose:			
Code	-	Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other			
		Purpose:			
	SUB TOTAL TH	S PAGE OF SCHEDULE B	\$ 30600		
	PAGES OF SCHEDULE B C		\$ 30600		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURE

For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Page

		PUBLIC QUESTION INFORMATION		See a see see	
Enter Text of Public Question	and the second	FUBLIC QUESTION IN ORIMATION	美国企业的	(1) A \$100 A	
ř					
Type of Question: Statewide Loc Position: Supported Opposed	al				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	Direct				
	□In-Kind				
	_ □ Direct				
	□ In-Kind				
	□Direct	,			
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	□ In-Kind				
	sı	JB TOTAL THIS PAGE OF SCHEDULE C	s 0		
		CHEDULE C ON THE LAST PAGE ONLY se Summary Sheet)	\$ 0		



State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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	1.4			
* 1				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (If any (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTAND BALANCE PERIOD
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		PAGES OF SCHEDULE D	ON THE LAST	PAGE ONLY	50



(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

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FILE	NUME	ER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THI PERIOD
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5					
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